This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ems (Short Form) uctions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	2017	Barcode Data Filing Period (optiona	I - see instructions)	
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full corpo	orate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	ne cable system.	
		e accounting period, only the owner on t	he last day of the accounting period should sub	
	Check here if this is the system's first filir	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	063544
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT))	
	SUDDENLINK COMMUNICATIONS	· · · · · · · · · · · · · · · · · · ·		
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)		
	TYLER, TX 75701 (City, town, state, zip)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

INDIANA STATE PRISON MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063544
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis known as the "first community." Please use it as the first community on all future film	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MICHIGAN CITY	IN
Community	(INDIANA ST PRISON)	
dd Rows as Necessary		
uu nows as necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06354
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						le svstem.	broken	
scribers and									
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o						lei Seivic		
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or mo	ore second	ary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE
			0						
	Service to first set		0	-					
	• Service to additional set(s)		U	0					
	• FM radio (if separate rate)								
	Motel, hotel		E4	44.00					
	Commercial		51	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rales	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	-	• Mot	tel, hotel					
	 Pay cable—add'l channel 	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	v cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set	-	• Bur	glar protection					
	 Additional set(s) 	-	Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		-			
	• Converter		• Dise	connect					
				let relocation		-			
				ve to new addr		_			
			- 100	ve to new addi	855	-			

Name	2017/1			FORM SA1-2E. PAGE 3			
	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID# 063544			
	CEQUEL COMMUNICATIONS LLC						
G Primary Transmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections ations carried on a			
Television	basis under specific FCC r • Do not list the station he station was carried only o • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these for Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educat loctions in the paper SA1-2 form. the community to which the statior	Log)—if the toon some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M" ional multicast).			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WBBM-TV	3	N	CHICAGO, IL			
	WBBM-IV	11	E	CHICAGO, IL CHICAGO, IL			
ows as Necessary	WCPX	38	L	CHICAGO, IL			
iws as necessary	WYCC	20	E	CHICAGO, IL			
	WGBO-TV	53		JOLIET, IL			
	WFLD	32		CHICAGO, IL			
	WJYS	62		HAMMOND, IN			
			-				
	WHME-TV	48	I				
	WHME-TV WMAQ-TV	48	l N	SOUTH BEND, IN			
	WMAQ-TV	29	I N I	SOUTH BEND, IN CHICAGO, IL			
		29 51	<u>l</u>	SOUTH BEND, IN CHICAGO, IL GARY, IN			
	WMAQ-TV WPWR-TV	29 51 56		SOUTH BEND, IN CHICAGO, IL GARY, IN GARY, IN			
	WMAQ-TV WPWR-TV WYIN	29 51 56 59	<u>l</u>	SOUTH BEND, IN CHICAGO, IL GARY, IN GARY, IN AURORA, IL			
	WMAQ-TV WPWR-TV WYIN WXFT-TV WSNS-TV	29 51 56 59 45	<u>l</u>	SOUTH BEND, IN CHICAGO, IL GARY, IN GARY, IN AURORA, IL CHICAGO, IL			
	WMAQ-TV WPWR-TV WYIN WXFT-TV WSNS-TV WCIU-TV	29 51 56 59	I E I I I	SOUTH BEND, IN CHICAGO, IL GARY, IN GARY, IN AURORA, IL CHICAGO, IL CHICAGO, IL			
	WMAQ-TV WPWR-TV WYIN WXFT-TV WSNS-TV	29 51 56 59 45 27	<u>l</u>	SOUTH BEND, IN CHICAGO, IL GARY, IN GARY, IN AURORA, IL CHICAGO, IL			

CEQUEL CO	F OWNER OF							SYSTEM 063
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call tate whether the radio stat this by placing	y the sy be rece ut the C I sign of the stati tion's sig g a chee	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column.	at the system's e system's FM a n this point, see ssed by the cable	headend, and ntenna, during page (v) of the e system as a	(2) it ca certain genera separat	in be expected, stated intervals. Il instructions in the.	Primary Transmitters Radio
			tion (the community to which , the community with which th			CC or,	in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063544
					^			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				- 9			
Special	During the accounting peri				is any nonne	twork televisio	on program	ı
Statement and	broadcast by a distant stat	-		ourly, on a substitute bac	io, any nonne			
Program Log	-						YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if their r	meaning is	
	Column 1: Give the title				program") that	at during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for further i	information	
	Do not use general categori		vies" or "basket	tball." List specific program	n titles, for ex	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "I	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					nsed by the F	CC or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	tem carried the substitute	program. Use	e numerals, wi	th the mon	ith
	first. Example: for May 7 giv					1 - 4 - 4		h .
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came		15 p.m. to 0.2	.o.30 p.m. shu	uiu be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	and regulations	s in	
	effect on October 19, 1976.							
					WHE	EN SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	l		IAGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	/IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
					-			
					-			
			+		-			
					-			
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			†		-			
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					-			
					-			
1			+		-			

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063544
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 2,883.20
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063544
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television brown to its subscribers, and (2) the cable system's total number of activated channels during the accounting provide the total number of channels on which the cable system carried television broadcast stations 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)	vhom
for Further Information	Name SARAH BOGUE	Telephone (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optic	onal)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright O I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	ffice regulations)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in	n line 1 of space B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity 	
	 in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fait [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.
	Typed or printed name: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18	/2017

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0635
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statemen Concerning Gross Receipts Exclusio
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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